



State of New Jersey  
Department of Labor & Workforce Development  
Division of Workers' Compensation

## Workers' Compensation Electronic Attorney Calendar Program

If your firm would like to receive their Hearing Calendar notices via e-mail, please complete this form and fax to:  
**WC Tech MIS Unit, Division of Workers' Compensation at 609-292-3758.** If you have Adobe Acrobat on your computer, you can complete this form on-line, save it and then e-mail the completed form to **[courts@dol.state.nj.us](mailto:courts@dol.state.nj.us)**.

The e-mailed Attorney Calendars are available in either "pdf" or **Microsoft Word™** format. The "pdf" version, which is identical to the hard copy mailed calendar, requires the use of Adobe™ Reader to view and print. A free copy of the software can be obtained by visiting the Adobe website ([www.adobe.com](http://www.adobe.com)). The Word™ version, offered in a single column format, allows users to resize or highlight important elements of their lists. To preview a sample calendar in Word™, please visit the technology page on our website at <http://www.nj.gov/labor/wc/courts.htm>.

*Please note that e-mail filters used by some Internet Service Providers may classify messages from the Electronic Calendar program as Junk Mail, while others may completely prevent the delivery of our messages to you. To ensure that you receive your calendars without interruption, please add the "dol.state.nj.us" domain name to your e-mail program's address book.*

Once your application is submitted, you will begin to receive your calendars via e-mail within a few days. The Division will discontinue hard copy mailings to your firm at that time. If at a later date you would like to change transmission format, add or delete an existing e-mail address, please notify us by sending another copy of this form, indicating that you would like to revise your account.

	<b>I am setting up a new account:</b> <input type="checkbox"/>	<b>I am revising our existing e-mail account:</b> <input type="checkbox"/>
<b>Firm Name:</b>		
<b>Address:</b>		
<b>Contact Person:</b>		
<b>Telephone Number:</b>		
<b>E-mail address(es) to be added:</b>		
<b>E-mail address(es) to be deleted:</b>		
<b>Transmission format:</b>	PDF: <input type="checkbox"/> Microsoft Word™: <input type="checkbox"/>	

If you have any questions, please feel free to call our technical support unit at (609) 777-4921, [courts@dol.state.nj.us](mailto:courts@dol.state.nj.us).

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